PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

U.S. Patent and Trademark Office U.S. DEPARTMENT. OF COMMERCEC

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMIS control number.

Substitute for Form PTO-875							10/667,469			23/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		1	N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),	E	N/A		N/A		N/A		1	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 = *			1	x \$ =		OR	x s =	
	EPENDENT CLAIN CFR 1,16(h))	IS .	m	inus 3 = *		1	x \$ =		1	x \$ =	
If the specification and drawings ex sheets of page, the application is S2EFEE (37 CFR 1.16(e))   If the specification and drawings ex sheets of repaction is \$250 (\$125 for small entity) for each dictional 50 sheets or fraction 35 U.S.C. 41(e)(1)(G) and 37 CFR					n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						ı			1		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL	
		(Column 1)  CLAIMS REMAINING	HIGHEST		(Column 3)			L ENTITY  ADDITIONAL	OR	SMA	ER THAN ALL ENTITY ADDITIONAL
AMENDMENT	05/08/2008	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	Total (37 CFR 1.16(i))	* 36	Minus	<b></b> 36	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 6	Minus	<del></del> 6	= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))										
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
ᆫ		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	**			x \$ =		OR	x s =	
	Independent (37 CFR 1/16(h))	*	Minus	***			x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))					ı			1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR	l	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  Legal Instrument Examiner:  "If the "Highest Number Provousy Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Provousy Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Provousy Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS